

Rev 8/2014

## INSURANCE CLAIM INVENTORY SHEET

CLAIM # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_

AUTHORIZED DEPARTMENT SIGNATURE: \_\_\_\_\_ \*\*\*

VENDOR /SUPPLIER: \_\_\_\_\_ PHONE: \_\_\_\_\_

List only items that were damaged /destroyed as a result of an insured incident.

*NOTE: ONE PAGE FOR EACH SUPPLIER / VENDOR*

	DESCRIPTION	MODEL#	QTY	EST. COST (EA)
1				
2				
3				
4				
5				
6				
7				
8				
9				

\*\*\* It is a crime under Maryland law to knowingly provide false, incomplete or misleading information regarding an insurance claim for the purposes of committing fraud. The person signing this form stipulates that the enclosed information is complete and accurate to the best of their knowledge.